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ABSTRACT

This paper describes the process used by the Maternal Infant Health Outreach Worker Program (MIHOW), a program of the Center for Health Services at Vanderbilt University, to develop its program evaluation with limited evaluation resources. The evaluation addresses the empowerment of grassroots participants in two projects: the MIHOW Pre- and Post-natal Project and the Mother/Toddler Project. Four steps in evaluation design were followed for the MIHOW program: (1) defining the domains of empowerment as self-esteem, knowledge, action, and isolation; (2) selecting "progress toward objectives" and "program clarification" as types of evaluation to be conducted; (3) selecting MIHOW objectives to evaluate in terms of the domains of empowerment; and (4) selecting evaluation instruments for the pre-post-test design. The Family Support Scale was chosen to measure social support. Self-esteem is measured with the Rosenberg Scale. A scale to assess knowledge and use of community resources was developed specifically for this program. These empowerment indicators are measured when the participant enters the project as well as when the participant's child is 12-months old and 24-months old. At entry into the project and each 6 months thereafter, mothers in the Mother/Toddler Project are asked open-ended questions about their reasons for participation in the project to elicit goal-setting skills and information from the mothers. Possible problems with the evaluation concern: (1) internal validity; (2) interviewer bias; and (3) a limited measure of empowerment. (KS)

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ADDRESSING EVALUATION CHALLENGES OF GRASSROOTS FAMILY SUPPORT PROGRAMS: THE MIHOW PROGRAM

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ADDRESSING EVALUATION CHALLENGES OF GRASSROOTS FAMILY SUPPORT PROGRAMS: THE MIHOW PROGRAM[1]

ABSTRACT

Often, grassroots programs have difficulty in meeting assessment needs because of limited evaluation resources. This paper discusses how the Maternal Infant Health Outreach Worker (MIHOW) Program addresses these concerns as it evaluates the empowerment of its participants in two projects: the MIHOW Pre- and Post-natal Project and the Mother/Toddler Project. In addition, the paper describes the process the MIHOW Program uses to define empowerment. Also discussed are factors that affected which elements were included in the empowerment evaluation and the resulting trade-offs made in the evaluation.

I. The MIHOW Program

The Maternal Infant Health Outreach Worker (MIHOW) Program started in 1982, a program of the Center for Health Services at Vanderbilt University. The Center for Health Services has assisted rural, low-income communities in developing and maintaining services for the last 20 years.

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[1] For copies of the manuals discussed in this paper, write or call:

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The result of a needs assessment of rural women, MIHOW's Pre- and Post-natal Project began with indigenous workers providing monthly pre- and post-natal home visits to women. Visits are provided during pregnancy and continue until the child is two-years-old. The MIHOW Program serves nine counties (at seven sites) in Appalachia and the Mississippi Delta.

As the first MIHOW children reached two-years of age, the MIHOW Program expanded to include the Mother/Toddler Project. The Mother/Toddler projects vary from site to site to fit local needs and resources -- some focus on group meetings, others focus on home visits, still others divide resources between both. Mothers and their children can be served by the Mother/Toddler Project from a child's second birthday until the child can enter some other area early intervention program (such as Head Start) or school.

II. Evaluation of MIHOW Program in Review

Evaluation has always been an important component of the MIHOW Program. From 1982 to 1988 under a grant from the Ford Foundation, the original sites were quantitatively evaluated, especially in terms of a mother's participation in pre-natal care, the child's birth weight, and child development (Clinton, Elwood, & Parks 1988).

From 1987 to 1990 under a grant from the van Leer Foundation, two new sites in southwestern Virginia were evaluated qualitatively. MIHOW participants took part in "focus groups,"

in which an interviewer asked them questions about the impact of MIHOW (Clinton 1990).

From 1990 to 1994, under a new grant from the van Leer Foundation, the MIHOW Program is being evaluated in terms of empowerment. This evaluation has two components.

The evaluation of the Pre- and Post-natal Project will include only two sites in southwestern Virginia plus a new southwest Virginia site while the evaluation of the Mother/Toddler Project will include six MIHOW sites. This primarily quantitative evaluation will assess MIHOW's impact on the empowerment of its participants, its workers, and the community or organization. The rest of this paper addresses the process of developing the evaluation plan that measures the empowerment of MIHOW participants.[2] What follows are steps taken during that process. While the four steps are presented in chronological order, in their actual implementation, the steps overlapped.

III. Steps in Evaluation Design

a. Step 1: Definition of empowerment for the Pre- and Post-natal Project and the Mother/Toddler Project

The MIHOW research associate began the evaluation plan by conducting a literature review of the definitions of empowerment.

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[2] The evaluation actually measures more than empowerment. In this paper, however, the focus is on the definition and measurement of empowerment.

Different researchers have used different domains and scales to measure empowerment. As Rappaport (1985) says,

> Empowerment for a poor, uneducated Black woman can look very different than for a middle-class college student or a 39-year-old business man, a white urban housewife, or an elderly person resisting placement in a nursing home. p17-18

Discussed in many articles reviewed by the research associate,[3] the empowerment definition most applicable for the MIHOW Program was developed by Virginia Vanderslice, Ph.D., New York State College of Human Ecology (1984), from the works of Freire (1973), Gaventa (1980), and Whitham (1982). According to Vanderslice, a person is empowered in so far as that person:

1) recognizes and values his or her skills;
2) develops new skills;
3) takes steps to overcome isolation;
4) develops a feeling of self-worth; and
5) becomes involved with his or her environment to reinforce self-confidence.[4]

From this definition the MIHOW director (Kathy Skaggs) and the research associate developed four domains of empowerment:

1) self-esteem
2) knowledge
3) action
4) isolation

These domains fit the MIHOW empowerment model, in that the workers provide MIHOW participants with the tools that can increase the participants' knowledge, the support that can

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[3] For some definitions of empowerment, see Kent 1988; Dunst & Trivette 1987; Rappaport 1987; Cochran 1985; and Whitmore & Kerans 1988.

[4] This is an abbreviated form of Vanderslice's definition. For a complete definition, see Vanderslice (1984).

improve their self-esteem and reduce their isolation, and the link that makes action possible.

b. Step 2: Type of evaluation

In the book Evaluating Family Programs (1988) Jacobs discusses a 5-tiered approach to evaluation. The five tiers are:

1) pre-implementation;
2) accountability;
3) program clarification;
4) progress toward objectives; and
5) program impact.

For the Pre- and Post-natal Project, the evaluation is that of level 4 -- progress toward objectives. It is designed: 1) to provide information to staff to improve the program; and 2) to document the effectiveness of the program. The items in the evaluation questionnaire for the Pre- and Post-natal Project are quantitative.

The evaluation of the Mother/Toddler Project is that of level 3 -- program clarification. It is designed to provide information to staff to improve the project. The empowerment items for the Mother/Toddler Project are qualitative.

c. Step 3: MIHOW objectives in terms of empowerment

Before the design of the evaluation plan began, the MIHOW workers developed a list of empowerment objectives for both MIHOW projects. Each objective fits into one of the empowerment domains listed previously:

DOMAINS	MIHOW OBJECTIVES
Self-esteem	Increase self-esteem
Knowledge	Non-violent discipline Child development Parenting skills Health care Goal-setting Nature of oppression Community resources
Action	Non-violent discipline Child development Parenting skills Health care Goal-setting Work in community organizations Community resources Support system
Isolation	Support system

Because of evaluation resource limitations, it was necessary to reduce the objectives that would be measured. The MIHOW director, workers, and research associate prioritized the list of objectives. They prioritized first by listing what they would most like to measure. Then, given the resources, what they could measure.

From the prioritizing process, they decided on the following objectives as empowerment indicators in relation to their domains for the two projects:

PRE- AND POST-NATAL PROJECT

Indicators	Domain
Knowledge of Community Resources	Knowledge
Use of Community Resources	Action
Social Support	Isolation and Action
Self-esteem	Self-esteem

MOTHER/TODDLER PROJECT

Indicator	Domain
Goal-setting	Knowledge and action

d. Step 4: Evaluation design

The Pre- and Post-natal Project's evaluation is a pre-post test design. The empowerment indicators listed above are measured when a participant enters the project as well as when the participant's child is 12-months old and 24-months old.

To measure the MIHOW empowerment indicators,[5] the research associate looked for previously developed scales that had been tested on other populations. To measure social support, from several alternatives the research associate chose an instrument based on the "Family Support Scale" developed by Dunst, Jenkins, and Trivette (1984). Twenty questions long, it has strong face validity for the MIHOW population. It asks a participant to tell how helpful a source has been during the past three to six months. Examples of the sources are a participant's parents, husband or boyfriend, and co-workers and professional helpers or agencies.

For self-esteem, the research associate narrowed her options to the Coopersmith Self-Esteem Scale (Coopersmith 1967), the Tennessee Self-Concept Scale (Fitts 1964), and the Rosenberg Scale (Rosenberg 1965). She selected the Rosenberg Scale because

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[5] For a look at other researchers' domains of empowerment and scales to measure empowerment, see Cochran (1985); Kopp (1989); and Zimmerman & Rappaport (1988).

of its length and its face validity. A total of 10 questions, some examples from the Rosenberg Scale are as follows:

1. On the whole, I am satisfied with myself.
2. At times I think I am no good at all.
9. All in all, I am inclined to feel that I am a failure.

The response are on a 4-point Likert scale from "strongly agree" to "strongly disagree." The only difference between the scale included in the evaluation and the original Rosenberg Scale is that in the evaluation, one question is "I feel that I am a person of worth, at least as good as other people," while in the original, the question is "I feel that I am a person of worth, at least on an equal plane with others." This change was made to make the item more appropriate for the MIHOW population.

For knowledge of community resources and use of community resources, the research associate developed a scale loosely based on a measurement instrument designed by Gatz et al. (1982). Entitled "Knowledge and Use of Community Resources," it asks a participant if she would know how to help herself or someone she knows locate 20 services or agencies and if she herself has used five of the services. Examples of the services and agencies are childbirth preparation classes, housing assistance, transportation to medical care, and support groups.

The Mother/Toddler Project, like the Pre- and Post-natal Project, is also a pre-post test design. The empowerment indicators are measured at entry into the project, and six months later.

The mother is asked open-ended questions about her reasons for participation in the project to elicit goal-setting skills and information from the mother. At entry into the project, a participant is asked to

> List one or more things that you want to learn or do over the next six months that you think the Mother/Toddler Program can help you with.

Thereafter, each six months that a participant is in the Mother/Toddler Project, she is asked six questions about what she was able and not able to accomplish. She then is asked to make a new (or revised) list of goals for the next six months.

IV. Trade-offs

Resources are not available to do a comprehensive evaluation of the MIHOW Program. However, this does not mean that no evaluation can be done. It does mean that trade-offs are necessary in designing the evaluation.

a. Internal validity

An important question in evaluation design is whether it has internal validity -- that is, researchers are interested in the following question: Is the evaluation designed well enough to demonstrate a program's success or failure?

One possible threat to internal validity in the MIHOW evaluation is selection. In the evaluation, there is no random assignment. At present funds are not available for random assignment in an evaluation. In order to randomly assign

participants to treatment (one of the MIHOW projects) and control, there would need to be more money for collecting data from those in the control group.

The MIHOW director recognizes the need to strengthen the evaluation. Therefore, for the Pre- and Post-natal Project MIHOW is planning to include a non-random comparison group from a neighboring community in southwestern Virginia starting in the middle of 1991. The comparison group will answer the same empowerment questions that are asked those in treatment.

b. Interviewer bias

A second threat to the evaluation is interviewer bias. The interviewers of the participants will be the service providers. While this threatens to bias the participants' answers, the service providers are trained in the evaluation in order to reduce this bias.

c. Limited measure of empowerment

A third threat to the evaluation occurs in prioritizing what to measure concerning empowerment because of limited resources. The evaluation is limited because it does not measure some of the MIHOW empowerment objectives. Further, there may be other indicators of empowerment other than those in the MIHOW objectives that, while relevant to this population, are not touched by the evaluation.

V. Conclusion

With grassroots organizations as with any social service organization, the amount of available resources can limit the evaluation design. An evaluation should still be done and done systematically. In evaluating the MIHOW Program, steps were taken to constrain the evaluation as required by resource limitations without sacrificing the needs of the evaluation's consumers. The four steps in the design of the evaluation are as follows:

1) Definition of empowerment for the Pre- and Post-natal Project and the Mother/Toddler Project
2) Type of evaluation
3) MIHOW objectives in terms of empowerment
4) Evaluation design

At each step, resource limits were balanced against evaluation needs.

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